

INSTRUCTIONS FOR FORTUNE TELLER LICENSES

(Revised 9/2014)

**** Fortune Teller Licenses are issued to an individual for a particular location and only allow that individual to operate under the License for that particular location. If the person is telling fortunes at multiple locations within the City of Cambridge, that person must obtain a License for each location. If other persons are telling fortunes at the same location, those persons must obtain their own License.***

**** Fortune Teller Licenses are not transferrable or assignable. Each person telling fortunes at a particular location must obtain a Fortune Teller License in their name.***

**** Fortune Teller Licenses are effective from May 1st of a given year through April 30th of the following year. They must be renewed annually by the end of April. Licenses not properly renewed are subject to late fees, suspension and/or cancellation. Annual fees are \$50.00.***

**** All persons licensed as Fortune Tellers must comply with the Rules of the Cambridge License Commission and the laws of the Commonwealth of Massachusetts.***

1. Notify the Abutters – which include the persons/businesses (the assessed owners of the properties) whose boundaries touch the boundaries of the premises (front, back, left and right), and any schools, churches or hospitals within 500 feet. You must notify the abutters prior to the hearing. You are required to bring a completed *Affidavit of Notice to Abutters and Others* along with the Certified Mail Receipts and Proof of Service Receipts to the hearing.

3. File the completed application with: a copy of the lease agreement (in the business/applicant's name); an 8 ½ x 11 floor plan; completed Personal Information Form(s) and Criminal Record Information Form(s) for the applicant, owner(s) of the business, manager of the business, and all employees of the business; copy of the Licenses for all other Fortune Tellers at that location; copy of the Certificate of Occupancy from the City of Cambridge Inspectional Services Department at 831 Massachusetts Avenue; and a check in the amount of \$175.00 made payable to the City of Cambridge, for the hearing and advertising fee.

4. Appear at the License Commission hearing.

5. If the License is granted, you must personally come to the License Commission to pay for it and pick it up. The License must be posted at the place of business in a conspicuous place prior to being able to operate.

APPLICATION FOR FORTUNE TELLER LICENSE
(Revised 9/2014)

Name of Applicant: _____

Name of Business: _____

Owner of Business: _____

Name of Manager of Business: _____

Address of Business: _____

Telephone # of Business: _____

Facsimile # of Business: _____ Expected Opening Date: _____

Hours of Operation (specify days of week along with opening and closing hours): _____

List all services which will be provided and pricing. Please attach additional pages if necessary.

Name/Type of Service	Price

I hereby certify under the pains and penalties of perjury that the above is true and accurate information.

Signature: _____

Dated: _____

Print Name: _____

*For the License Commission
Official Use Only*

GRANTED: _____

REJECTED: _____

Restrictions/Conditions: _____

INSTRUCTIONS FOR NOTIFICATION TO ABUTTERS

(Revised 9/2014)

Note: According to *Black's Law Dictionary*, an abutter is an "owner of adjoining land; one whose property abuts another's." As such, to satisfy the legal requirement of notice to an abutter, the applicant only needs to give notice to the owners of all the properties whose boundaries touch the boundaries (front, back, left and right) of the premises where the business is intending to open. The applicant may choose to notice additional persons (i.e. those across the street) but is **not** required to do so. Applications/petitions relating to alcoholic beverage and fortune teller licenses are further required to notice any schools, churches or hospitals within five hundred (500) feet of the proposed business location.

1. Go the City of Cambridge's Assessing Department, 795 Massachusetts Avenue, and obtain a list of abutters as defined above. If your application/petition relates to a liquor or fortune teller license, you also need to ask for a list of schools, churches and hospitals within five hundred (500) feet of the proposed business's location.
2. Complete the *Affidavit of Notice to Abutters and Others* by listing the names and mailing addresses of the abutters in the spaces provided and/or attaching the list to the *Affidavit*.
3. When the legal notice is published in the Cambridge Chronicle, you must send a copy of the advertisement to each abutter by Certified Mail, Return Receipt Requested. You must mail out these notices within three (3) days of the date the advertisement is published.
4. In addition to sending the copy of the advertisement to any church, school or hospital within five hundred (500) feet of the proposed business location, you must notify the church, school or hospital that if it objects to the application/petition, the church, school or hospital must submit a written objection to the Board by the date of the hearing. Receipt of an objection does not bar the Board from granting the application/petition if the Board deems the grant of the proposed application/petition serves the public need and will not be detrimental to the activities/functions of the church, school or hospital.
5. Bring the completed and notarized *Affidavit* to the hearing. You must attach to the *Affidavit* a copy of the advertisement, the original certified mail receipts, and the original return certified receipts (green cards) bearing signatures of persons receiving said notices and those which were returned as undeliverable mail. You must turn in the original receipts and green receipt cards to the Board during the hearing. The Board will not vote on, or may deny, your application/petition if these documents are not provided to it.

AFFIDAVIT OF NOTICE TO ABUTTERS AND OTHERS

(Revised 9/2014)

To the Cambridge Board of License Commissioners:

I, (print your name) _____,
applicant/applicant's representative for a (print type of license requested) _____
_____ license, to be operated at (print address of proposed location) _____
_____ hereby certify that the following is a true list of the owners of the abutting property(ies) per the
Assessor's most recent valuation list:

And that the following schools, churches or hospitals are located within a five hundred (500) feet radius from said proposed
location (if none, please specify as such):

I also certify that notice of the application/petition was given to each of the above-listed by mailing via Certified Mail, Return
Receipt Requested, within three days after publication of the advertisement of the application/petition, a copy of the attached
advertisement of the application/petition. Proof of service is evidenced by the attached certified mail receipts and return certified
receipts bearing signatures of persons receiving said notices, in addition to those which were returned as undeliverable mail.

Signed and subscribed to under the pains and penalties of perjury this _____ day of _____
(month), _____ (year).

Sign Name: _____

Print Name: _____ Relation to Applicant: _____

Signature of Notary Public: _____

Name of Notary Public: _____

Commission Expires: _____

(Notary Public Seal)

PERSONAL INFORMATION FORM
(Revised 9/2014)

SECTION I – LICENSEE INFORMATION:

Name of Licensee/Business: _____

Doing Business As (d/b/a, if different from above): _____

Address of Business: _____

Business Telephone #: _____ Business Facsimile #: _____

SECTION II – PERSONAL INFORMATION:

Your Name: _____

Social Security #: _____ Date of Birth: _____

Your Home Address: _____

Home #: _____

Cellphone #: _____ Place of Current Employment: _____

Employment for the Last Ten Years (dates, position, employer, address):

Your Title as it Relates to the Business/Licensee: _____

Describe Your Interest in this Business/License: _____

I hereby certify under the pains and penalties of perjury that the above is true and accurate information.

Signature: _____

Dated: _____

Cambridge License Commission
831 Massachusetts Avenue
Cambridge, MA 02139
(617) 349-6140

Licensed Premises Inspection Approvals

To All Applicants: Approvals of the departments listed below must be received by the License Commission before a license will be issued.

PLEASE NOTE: Written approval from the Zoning Division of Inspectional Service Division **must** be obtained **before** an application can be accepted by this office. Fully dimensional floor plans, with egresses, fixtures and furniture marked, must be submitted to Inspectional Services Department prior to or along with this document.

Contacts:

Zoning, Building, Electrical & Health Divisions of Inspectional Services Department, 831 Massachusetts Avenue (617) 349-6100; Fire Prevention: 489 Broadway—(617) 349-4918.

All Licenses/Uses for which you are applying: _____

To be Completed by Applicant:

Location _____ Business name _____

Owner _____

Address _____ Telephone Number _____

List Uses of Each Floor:

Basement _____ First _____

Second _____ Third _____

Fourth _____ Fifth _____

Add'l Levels _____ Roof _____

Date _____ Signature _____

NOTE: Applicant is responsible for securing signatures of the following inspector(s) for their approval:

Zoning Specialist _____

Use(s) allowed by Zoning: _____

Restaurants: Total # of Occupants: _____ **Total # on off-site/off-street parking spaces exclusively dedicated to restaurant use and available at all times when license is being exercised:** _____

Building Inspector _____ **Date:** _____

Sanitary Inspector _____ **Date:** _____

Wiring Inspector: _____ **Date:** _____

Fire Department: _____ **Date:** _____

CRIMINAL OFFENDER RECORD INFORMATION (CORI) REQUEST FORM

Cambridge License Commission has been certified by the Executive Office of Public Safety and Security for access to conviction and pending criminal case data. As an applicant for a _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Last Name First Name Middle Name

Home Address: _____ Mailing Address: _____
(if different from

_____ home address) _____

Phone #: _____ Date of Birth: ____/____/____ Place of Birth: _____
MM DD YY

Gender: Male or Female Height: ____ ft. ____ in. Weight: _____ Eye Color: _____

(Please circle one)

Massachusetts Driver's License #: _____ Email Address: _____

Alias Name or Mother's Father's

Maiden Name: Maiden Full

(if applicable): _____ Name: _____ Name: _____

I hereby swear, under the penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.

Applicant's Signature

Today's date

Fee Paid: _____

CONFIDENTIAL DOCUMENT – NOT A PUBLIC RECORD